

FILED JUN 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21647

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON		c. CITY OR TOWN FRANKCLAY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MINERAL AREA OSTEO. HOSP. 1 HOUR		d. STREET ADDRESS (If outside, give location) FRANKCLAY	
3. NAME OF DECEASED (Type or print) First OMAR Middle LLOYD Last BASS		4. DATE OF DEATH Month JUNE Day 12 Year 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 3, 1884
9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR Months 1 Days 9 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Bag Manufacturer	
11. BIRTHPLACE (City and state or country) KIRKSVILLE, MO. ADAIR		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WRIGHT BASS		14. MOTHER'S MAIDEN NAME VINCIE MONTGOMERY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 492-20-4771	
17. INFORMANT Wm. Bass Frankclay, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis and myocardial Infarction DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4261		INTERVAL BETWEEN ONSET AND DEATH immediate 2 hours 20 years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY. Hour Month Day Year a. m. p. m. 			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE			
21. I attended the deceased from August 12, 1953 to June 12, 1956 and last saw him alive on June 12, 1956 Death occurred at 1:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. M. Beck D.O.		22b. ADDRESS LEADWOOD, MISSOURI	
22c. DATE SIGNED 6/12/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/14/56	
23c. NAME OF CEMETERY OR CREMATORY Adams Cemetery		23d. LOCATION (City, town, or county) (State) Frankclay, Missouri	
24. FUNERAL DIRECTOR Barth L. Boyer		25. DATE RECD. BY LOCAL REG. 6-12-56	
26. REGISTRAR'S SIGNATURE Esther Rudloff			

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William E. Bayne

Licensed Embalmer No. 47

P. O. Address Leadwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.